

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO-875)						09/762807	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						61					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	1						56					
7	1						57					
8	1						58					
9	1						59					
10	1						60					
11	1						61					
12	1						62					
13	1						63					
14	1						64					
15	14						65					
16	14						66					
17	1						67					
18	1						68					
19	2						69					
20	2						70					
21	0						71					
22	0						72					
23	0						73					
24	0						74					
25	0						75					
26	0						76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41	1						91					
42	1						92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2	1					TOTAL IND.					
TOTAL DEP.	52	→	↓	↓	↓	↓	TOTAL DEP.					
TOTAL CLAIMS	54	THE	26	84	84	84	TOTAL CLAIMS					

PTO-1350 (3-76)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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